

L11000135567

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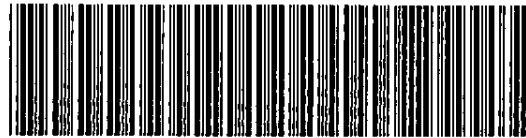
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

DEC 01 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CRYSTALS COVE + CONDO RENTALS, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CRYSTAL WESSE
Name of Person

Firm/Company

876 STONY BROOK CIRCLE
Address

PORT ORANGE, FL 32127
City/State and Zip Code

CRYSTALOTR @ YAHOO. COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CRYSTAL WESSE at (989) 359-9147
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☒ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

**Articles of Organization
For
Florida Limited Liability Company**

Article I

The name of the Limited Liability Company is:
CRYSTALS COVE & CONDO RENTALS, LLC

Article II

The mailing address of the Limited Liability Company is:
876 STONYBROOK CIRCLE
PORT ORANGE, FL 32127

Article III

The purpose for which this Limited Liability Company is organized is:
ANY AND ALL LAWFUL BUSINESS

Article IV

The name and Florida street address of the registered agent is:
CRYSTAL WESSE
876 STONYBROOK CIRCLE
PORT ORANGE, FL 32127

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Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: *Crystal L. Wesse*

EFFECTIVE DATE 11/23/11

Article V

The name and address of managing members/managers are:

Title: MGRM
CRYSTAL WESSE
876 STONYBROOK CIRCLE
PORT ORANGE, FL 32127

Article VI

The effective date for this Limited Liability Company shall be:

11/23/2011

Signature of member or an authorized representative of a member

Signature:

Crystal L. Wesse

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